

FREE GUIDE

# Your Wearable Thinks You're Healthy: What GLP-1 Users Need to Track That Devices Miss

The data your Whoop, Garmin, or Oura Ring isn't showing you while you're on semaglutide, tirzepatide, or similar medications.

**P247**

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# The problem nobody is talking about

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GLP-1 medications work. Semaglutide, tirzepatide, and their branded counterparts (Ozempic, Wegovy, Mounjaro, Zepbound) have changed millions of lives. The weight comes off. The bloodwork improves. People feel better than they have in years.

And if you wear a Whoop, Garmin, or Oura Ring, the data looks incredible. Recovery scores are green. Resting heart rate drops. HRV improves. Sleep gets better. Every metric your wearable tracks tells the same story: you're winning.

But there's a gap between what your wearable can measure and what's actually happening inside your body. A gap that matters more the longer you're on GLP-1 medication.

Research shows that 15 to 39% of weight lost on GLP-1 medications is lean mass, not fat. Your wearable has no way to detect this.

That statistic is not a reason to stop your medication. It's a reason to pay closer attention to what you're losing, not just how much. GLP-1 medications are genuinely effective. This guide is about making them work better by tracking what matters.

## Your 5 quick wins (details inside):

1. Get a DEXA scan this week
2. Hit 1.4–1.6g protein per kg daily
3. Get fibre to 25g/day minimum
4. Resistance train 3x per week
5. Never trust a green score without context

This guide is for anyone taking semaglutide, tirzepatide, or similar GLP-1 receptor agonists who also wears a fitness wearable. It covers five blind spots in your current tracking setup and a practical framework for addressing each one.

# Your recovery score looks great because you're eating less

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One of the first things GLP-1 users notice is that their wearable recovery scores go up. Whoop shows green. Garmin's Body Battery charges faster. Oura gives you a "You're ready" morning summary.

This feels like confirmation that everything is working. And in one narrow sense, it is. But the mechanism behind those green scores isn't what you think.

## Why your recovery score improves on GLP-1:

**Not because you're recovering better.**

**Because you're eating less.**

**Less digestion overnight →**

**Lower heart rate →**

**Higher HRV →**

**Green recovery score**

**Your wearable thinks you're recovering.**

**It's actually seeing reduced metabolic activity.**

**Your wearable can't see what you ate.** That's the insight hiding in the data. A green recovery score after 900 calories and no training doesn't mean the same thing as a green score after a full training day with adequate nutrition.

**Reality check: Green recovery + 900 calories + No training = Your wearable is celebrating starvation**

This distinction matters because it changes how you interpret the data. Your wearable can't tell the difference. You need to.

# You're losing muscle and no wearable can tell you

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This is the central issue. Multiple clinical studies have demonstrated that GLP-1 receptor agonists cause significant lean mass loss alongside fat loss. The numbers vary by study, medication, dosage, and whether participants exercised, but the range is consistent: 15 to 39% of total weight lost is lean mass.

## Weight loss on GLP-1:

60–85% fat ✓

15–39% lean mass ✗

Your wearable can't tell which is which.

Wearables measure autonomic nervous system state. Heart rate, HRV, skin temperature, blood oxygen, movement. None of these metrics reflect body composition. Your Whoop cannot distinguish between losing 5kg of fat and losing 5kg of muscle. Both show up as weight loss. Both correlate with improved autonomic metrics. Both look like progress.

But they are fundamentally different outcomes.

Muscle is metabolically active tissue. Every kilogram of lean mass you carry burns calories at rest. Lose muscle and your basal metabolic rate drops. You burn fewer calories doing nothing. You burn fewer calories exercising. The caloric math that was working in month one starts working against you by month four.

The scale goes down. The recovery score stays green. But the composition of what you're losing determines whether this medication is setting you up for long-term success or a metabolic stall.

Only body composition scans (DEXA or InBody) every 8 to 12 weeks can reveal lean mass trends. That's a 3-month feedback loop on the single most important metric for GLP-1 users. Most people never get a single scan.

# The metabolic cliff nobody warns you about

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Here's a pattern that plays out repeatedly in the GLP-1 community, and it catches people off guard because all their data looks perfect right up until the moment it stops working.

## Months 1 to 3: The Honeymoon

Weight drops steadily. Appetite is suppressed. Recovery scores are green. Energy is good. Everything feels like it's working because it is.

## Month 4 to 5: Peak Performance

You're down 12 to 15kg. You feel great. You look different. Your wearable data has never been better. Friends are asking what you're doing.

## Month 5 to 6: The Cliff

Weight loss slows. Then stalls. You haven't changed anything. Same medication. Same dose. Same caloric intake. But the scale stops moving.

What happened? You lost muscle along with fat. Your basal metabolic rate dropped. The caloric deficit that was producing results in month two is now your maintenance level. Your body adapted, and it adapted partly because it had less metabolically active tissue to fuel.

The "great recovery" your wearable was reporting for months was partly a symptom of losing active tissue, not a sign that everything was going well. By the time the stall hits, you're weeks past the point where course correction would have been simple.

This isn't a medication failure. It's a timing failure. The warning signs were there in the first 6 weeks. They just weren't visible in any single metric.

Catching lean mass loss at week six is straightforward: adjust protein, add resistance training, modify dose timing. Catching it at month five means rebuilding muscle from a lower metabolic baseline while trying to maintain the progress you've made. It's solvable, but it's harder than it needed to be.

# Your apps are lying by omission

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Each app you use tells you a true story. But it only tells you its story. And the gaps between those stories are where the real problems hide. Consider what a typical GLP-1 user has access to:

**Wearable data** (Whoop, Garmin, Oura): heart rate, HRV, sleep stages, recovery scores, strain, SpO2, skin temperature.

**Nutrition tracking** (MyFitnessPal, Cronometer, Lose It): calories, macros, protein intake, meal timing.

**Body composition** (DEXA, InBody, smart scales): lean mass, fat mass, visceral fat, bone density.

**Blood panels** (quarterly or bi-annual): metabolic markers, thyroid function, vitamin levels, inflammatory markers.

**Training data** (Apple Watch, Strava, gym apps): workout frequency, volume, intensity, progression.

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Five rich data streams. Five separate apps. Five separate dashboards. Zero integration between them.

Here's a real example: your HRV improves while your training frequency drops. Your wearable calls that recovery. But it's actually deconditioning. You stopped exercising, so your nervous system calmed down. The wearable can't tell the difference because it doesn't see your training log. Your training app can't flag it because it doesn't see your HRV. Both apps are correct. Both are misleading.

The question that actually matters: "Given my current protein intake, training load, sleep quality, and recovery trend, am I on track to retain lean mass?" No existing tool can answer this.

Each app does its job well in isolation. But the insight that prevents the metabolic cliff lives in the connections between these data sources, not within any single one of them.

# Protein tracking alone won't save your muscle mass

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If you've spent any time in GLP-1 communities online, you've heard the advice: "Make sure you're getting enough protein." It's correct advice, as far as it goes. Current evidence supports 1.2 to 1.6 grams of protein per kilogram of body weight per day for people on GLP-1 medications who want to preserve lean mass.

But protein intake is one variable in a three-variable equation. Treating it as the whole answer is like filling your car with fuel and expecting it to drive itself.

**Protein without resistance training is insufficient.** Your body needs a stimulus to maintain or build muscle tissue. Dietary protein provides the raw material, but without the signal that says "we need this muscle," your body will still catabolize lean mass during a caloric deficit. Especially the aggressive deficit that GLP-1 medications create.

**Resistance training without adequate protein is also insufficient.** You can train three to four times per week, but if your protein intake is 0.6g/kg because the medication has suppressed your appetite to the point where eating feels like a chore, you're training without the building blocks for recovery and adaptation.

**Reality check: Hitting protein targets + Zero resistance training = Expensive urine**

**And then there's fibre, the macro nobody talks about.** When appetite tanks on GLP-1 medication, people gravitate toward calorie-dense, easy-to-eat foods. Protein shakes. Greek yoghurt. Chicken breast. The whole foods that carry fibre (vegetables, legumes, whole grains, fruit) get pushed aside because they're bulky, filling, and hard to eat when you already feel full.

This matters more than most people realise. GLP-1 medications already slow gastric emptying. Drop your fibre intake on top of that and you're looking at constipation, disrupted gut motility, and a microbiome that's getting starved of the fuel it needs. Gut bacteria ferment fibre into short-chain fatty acids that support immune function, reduce inflammation, and regulate blood sugar. Without adequate fibre, that entire system underperforms.

The research is clear: adults need 25 to 30 grams of fibre per day. Most Australians get about 20g on a normal diet. On a GLP-1 suppressed appetite where total food volume drops by 30 to 50%, fibre intake can easily fall to 10 to 12 grams. That's a level where gut health visibly deteriorates within weeks.

# The Action Framework

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You don't need to wait for better tools to act on this information. Here are five concrete steps you can take right now, ranked by impact.

**1 Get a body composition scan now.** Not next month. Not "when I've lost more weight." Now. A DEXA scan or InBody assessment gives you a lean mass baseline that makes every future measurement meaningful. Without a starting point, you're guessing. Most major cities have clinics offering DEXA scans for \$50 to \$100. InBody scans are available at many gyms and physiotherapy clinics. Book one this week and schedule a follow-up for 8 to 12 weeks from now.

**2 Track protein seriously.** Aim for 1.4 to 1.6 grams per kilogram of body weight per day. This is harder than it sounds when GLP-1 medications suppress your appetite. Prioritize protein at every meal. Consider protein supplements if whole food intake is difficult. Use a tracking app (Cronometer is excellent for macros) and actually log your intake daily, not just when you remember.

**3 Get your fibre to 25g per day minimum.** This is the macro that disappears when appetite drops. Track it alongside protein. Prioritise whole food sources: vegetables, legumes, oats, berries, chia seeds, lentils. If you're relying heavily on protein shakes and supplements, you're almost certainly under on fibre. A simple rule: every meal should include something that grew in the ground. Your gut motility, blood sugar stability, and microbiome health depend on it.

**4 Resistance train at least 3 times per week.** This is non-negotiable for lean mass preservation on GLP-1 medications. It doesn't need to be complex. Compound movements (squat, hinge, push, pull) with progressive overload. If you don't have a program, get one. A qualified trainer who understands pharmacologically-assisted weight loss is worth the investment.

**5 Stop taking green recovery scores at face value.** Cross-reference your recovery score with three questions: What did I eat yesterday? Did I train? How do I actually feel? **Green doesn't mean go. It means your nervous system is calm. That's one input, not the answer.**

# What would better look like?

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The action framework on the previous page works. But it requires you to be the integration layer. You have to manually cross-reference recovery scores with nutrition logs with training data with body comp trends. Every day. Across five apps.

That's not a sustainable system. It's a workaround for the fact that no tool currently does what GLP-1 users actually need: connect the dots across their existing data and surface the insights that matter.

Better doesn't mean another tracking app. Better means an interpretation layer that sits on top of what you already use.

## Correlate protein intake with lean mass trends over time

See whether your daily protein target is actually translating into lean mass preservation between body comp scans, not just hitting a macro number in isolation.

## Flag false-positive recovery signals

Detect when recovery scores improve while training volume drops. That's deconditioning, not recovery. It's the wearable equivalent of your car's fuel efficiency improving because you stopped driving it.

## Connect resistance training frequency to body composition outcomes

Track whether your training consistency between scans predicts lean mass changes, and alert you when you're trending in the wrong direction before the next scan confirms it.

## Answer the question that matters

"Am I on track to retain lean mass given everything I'm doing right now?" Not a guess. An answer grounded in your actual data across all five streams.

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